

BURIAL AUTHORIZATION

I, _____
Name

Street/P.O.

City, State, Zip Code

Telephone

Request burial for: _____
(Name of Deceased)

Relationship to Deceased

Row _____ Lot _____

☐ Old Riverside Cemetery
Location in plot to be opened _____

☐ New Riverside Cemetery

On this date _____ time _____ AM/PM

Signature of Requester